

APPLICATION FOR CERTIFIED COPY OF BIRTH CERTIFICATE

(BIRTH OCCURING IN THE STATE OF WASHINGTON 1907 - PRESENT)

Please forward me a certified copy/copies of the birth certificate indicated below. I enclose in payment, **TWENTY DOLLARS (\$20.00)** for **each copy** requested. Please do not mail cash.

Make your check or money order payable to:
ISLAND COUNTY HEALTH DEPARTMENT

THE FACTS CONCERNING THE BIRTH ARE AS FOLLOWS:

FULL name of child _____

Place of birth _____
Hospital City

Date of birth _____

FULL name of father _____

FULL **Maiden** name of mother _____

Print below the name and address
you wish the certificate sent to:

(Name)

(Mailing Address)

(City, State & Zip Code)

Phone # _____

E-Mail Address _____

Walk-in Service available Mon – Thur.
8:00 – 12:00 & 1:00 – 4:00
410 N. Main Street
Coupeville.

* If you call first, your certificate can be
ready for pick-up at your convenience.
360-679-7351

Send this request with check or money order to:

Barbara Cope
Vital Statistics
Island County Health Department
P.O. Box 5000
Coupeville, WA 98239

(360) 679-7351
(360) 629-4522, ext. 7351
(360) 321-5111, ext. 7351

FOR OFFICE USE ONLY
Receipt #
<input type="checkbox"/> cc's filled